

## **EMPLOYMENT APPLICATION**

Last Name	First Name		Middle Name/Init	tial
Street and Number	City		County	
State	Zip	( ) Phone		
Can your education and/or employesNo	oyment records be verified us	ing the above name	e and social security num	nber?
If no, list other name(s):Name, address and phone number	er of person who will know w	here vou mav be co	ontacted:	
		( )		
accommodation, the "Q 2. Answer all questions an	Astructions: Position Announcement and be DUALIFICATIONS" listed. It is a complete all spaces on the a did documents at the time of ap	pplication.	ith or without reasonab	ole
Position(s) applied for:				
How did you learn of the examir	nation/position?			
Have you previously been emplo	oyed by McLean County?toDepartment			
Are you at least eighteen (18) ye	ears of age? YesN	0		
Are you a U.S. citizen or an alie	n legally authorized to work i	n the United States	s? YesN	No
On what basis are you available Full time	for employment? (Check any Part-time	or all that apply) Summer	_ Temporary	
	kends and Holidays ling Shifts all	Yes Yes Yes	No No No	
Shift Preference (check any or a	ll that apply): Days	Evenings	Nights	<u> </u>
Date available for work/	/ Rate of	pay expected \$	per hou	ır.
1. Have you ever been discharge	ed or asked to resign from emp	ployment?	Yes	No
2. Do you object to an inquiry of abilities? YesNo				
IF YOU HAVE ANSWERED " "vae" answer does not automatic	YES" TO ANY OF THE LAS		ONS, please give specific	cs on a sepa

Answer the four qu	estions below if they are essential	functi	ons o	f the	job for	which you are a	applying.	
1. Do you possess a	a valid Driver's License?				Yes	No	_N/A	
2. Do you possess a	a valid Commercial Drivers Licens	se			Yes	No	_N/A	
3. Can you produce	e typed material (typewriter, comp	uter, o	ther)	?	Yes	No	_N/A	
4. Can you take not	tes verbatim (word for word) at a r	easona	able s	speed	? Yes_	No	_N/A	
List any in-service	training, instruction courses or pro	grams	you	have	comple	ted:		
List any special inf	ormation as to your work record yo							
and/or the position	experiences, skills or qualification for which you are applying?							<u> </u>
If license, certificate complete the follow	e or other authorization to practice ving:  rofession:	a trac	le or	profe	ssion is	required for the	e positior	n for which you are applying
Granted By:					- City	and/or State of	:	
Specialty:					Lice	nsed From:		To:
EDUCATION	Name and Location			ears		Diploma/D	egree	Course of Study
EDUCATION High School	Name and Location	9	Cor		ted	Diploma/D	)egree	Course of Study
	Name and Location	9	Cor	nple	ted	Diploma/D	Degree	Course of Study
High School	Name and Location		10	nple	ted	Diploma/D	Degree	Course of Study
High School  College  Graduate /	Name and Location	1	10 2	11 3	12 4	Diploma/D	Degree	Course of Study
High School  College  Graduate / Professional  Trade School	Name and Location  -curricular activities (e.g. profession	1 1 1	2 2	3 3	12 4 4			
High School  College  Graduate / Professional  Trade School		1 1 1	2 2	3 3	12 4 4			
High School  College  Graduate / Professional  Trade School		1 1 1	2 2	3 3	12 4 4			
High School  College  Graduate / Professional  Trade School		1 1 1	2 2	3 3	12 4 4			

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer	Dates E	mployed	7
	From	To	1
Address	Hourly R	ate/Salary	Work Performed:
	Starting:		
Telephone	Final:		
Job Title	Sune	rvisor	
	Бирс	1 11301	
Reason for Leaving			
2. Employer	Dates E	mployed	7
	From	То	
Address	Hourly R	ate/Salary	Work Performed:
	Starting:		
Telephone	Final:		-
Job Title		rvisor	
	Бирс	1 11501	
Reason for Leaving			
	D / E		
3. Employer	From	mployed To	-
	riom	10	
Address	Hourly R	ate/Salary	Work Performed:
	Starting:		-
Telephone	Final:		
Job Title	Supe	rvisor	
Reason for Leaving			
4. Employer		mployed	
	From	То	
Address	Hourly R	ate/Salary	Work Performed:
	Starting:		-
Telephone	Final:		-
Job Title	Supe	rvisor	
Reason for Leaving			

Name Relationship Years Acquainted  ( ) Address Phone  Name Relationship Years Acquainted  ( ) Address Phone	
Name Relationship Years Acquainted  ( )	
Name Relationship Years Acquainted  ( )	
( )	
Address ( ) Phone	
Address Phone	
Name Relationship Years Acquainted	
( )	
Address Phone	
ACDEEMENT	
AGREEMENT	
I certify that the answers given herein are true and complete to the best of my knowledge	
Signature of Applicant Date	
NOTE: If you are applying for a position with the following departments, you will need to complete a for purposes of a background investigation. Please ask for one of these forms.	rm for
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NOTE: If you are applying for a position with the following departments, you will need to complete a for purposes of a background investigation. Please ask for one of these forms.  CIRCUIT CLERK  SHERIFF'S  DEPARTMENT COURT SERVICES  FACILITIES MANAGEMENT  PARKS AND RECREATION  METRO McLEAN COUNTY COMBINED COMMUNICATIONS CENTER (METCOM)	
NOTE: If you are applying for a position with the following departments, you will need to complete a for purposes of a background investigation. Please ask for one of these forms.  CIRCUIT CLERK SHERIFF'S DEPARTMENT COURT SERVICES FACILITIES MANAGEMENT PARKS AND RECREATION METRO McLEAN COUNTY COMBINED COMMUNICATIONS CENTER (METCOM)  FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE	

REFERENCES